


PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: A-451N		
Serial No. 10/825,898	Filing Date April 15, 2004	Examiner Schwadron, Ronald B.	Group Art Unit 1644			
In Re Application of: Boyle						
For: Osteoprotegerin Binding Proteins and Receptors						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00) <input checked="" type="checkbox"/> A RCE and Reply/Amendment in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$52	= \$ 0.00
Indep. Claims		Minus	=	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$390 = \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$1110.00</u> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To: 21069 U.S. Patent Operations/RBW Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA						
 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: March 17, 2010						

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date appearing below.

March 17, 2010

Date


 Signature